



# Lumunous

## DEBT COUNSELLING

### FINANCIAL FREEDOM IS WITHIN REACH, TAKE THE FIRST STEP TODAY!

By reaching out to Lumunous Debt Counselling, you have taken the most important step toward financial stability, and we commend you for it. We understand that life's toughest moments require a trusted, compassionate partner.

While Lumunous Debt Counselling was established in September 2025, our foundation is built on 12 years of high-level experience in the South African financial industry. This deep expertise allows us to provide structured, affordable debt review solutions designed to give you back control.

You have come to the right place. We are here to help you shine.

### Why Clients Trust Lumunous Debt Counselling:

We focus on delivering **Real Relief** through clear, tangible benefits:

- **One reduced monthly debt repayment** that actually fits your current budget.
- **Money left over for essentials** like food, rent, transport, and school fees.
- **No more stressful calls**—we deal with your credit providers and attorneys directly.
- **Full legal protection** under the National Credit Act, including protection from asset repossession.

### Let's Get You Started On Your Free, No-Obligation Assessment.

To begin, please send us the following documentation:

- Completed Application Form
- Copy of your ID
- Proof of income (3 months' bank statements & 3 month's payslips)

to e-mail address: [debtcounselling@lumunous.co.za](mailto:debtcounselling@lumunous.co.za) – **Subject:** “Free Assessment Form 16”

## APPLICANT DETAILS

PERSONAL DETAILS	FIRST APPLICANT	SECOND APPLICANT
Application Role	Main Applicant <input type="checkbox"/> Surety <input type="checkbox"/>	Main Applicant <input type="checkbox"/> Surety <input type="checkbox"/>
Title	<input type="text"/> Initials <input type="text"/>	<input type="text"/> Initials <input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Preferred Name	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/> Married - COP <input type="checkbox"/> Married - ANC <input type="checkbox"/> Married - Foreign <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married - COP <input type="checkbox"/> Married - ANC <input type="checkbox"/> Married - Foreign <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Population Group	African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>
Highest Education Qualification	Matric <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other, specify <input type="text"/>	Matric <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other, specify <input type="text"/>
Citizenship	SA Citizen <input type="checkbox"/> Foreign - SA Resident <input type="checkbox"/> Foreign <input type="checkbox"/>	SA Citizen <input type="checkbox"/> Foreign - SA Resident <input type="checkbox"/> Foreign <input type="checkbox"/>
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Identity/Passport No	<input type="text"/>	<input type="text"/>
Home Language	<input type="text"/>	<input type="text"/>
Document Language	English <input type="checkbox"/> Afrikaans <input type="checkbox"/>	English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Telephone (H)	<input type="text"/>	<input type="text"/>
Telephone (W)	<input type="text"/>	<input type="text"/>
Fax No	<input type="text"/>	<input type="text"/>
Cell No	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Present Residential Address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>
Present Postal Address	As above <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	As above <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>
Preferred Communication Method	Email <input type="checkbox"/> Post <input type="checkbox"/>	Email <input type="checkbox"/> Post <input type="checkbox"/>
<b>Marketing Options:</b> Please indicate how you would like to receive marketing material:	Telemarketing <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Consumer Lists <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Marketing <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Email <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> SMS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Telemarketing <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Consumer Lists <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Marketing <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Email <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> SMS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

MARKETING DETAILS	
Where did you hear about Lumunous Debt Counselling?	Flyer <input type="checkbox"/> Radio <input type="checkbox"/> Referral <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Magazine <input type="checkbox"/> Online <input type="checkbox"/> Other <input type="text"/>



# OVERDRAFT INFORMATION

1.													
Instalment	R	Date repayable	d	d	-	m	m	-	y	y	y	y	R
2.													
Instalment	R	Date repayable	d	d	-	m	m	-	y	y	y	y	R
3.													
Instalment	R	Date repayable	d	d	-	m	m	-	y	y	y	y	R

## APPLICATION DECLARATIONS

I hereby acknowledge and declare that:

- All information given by me/us is true, accurate and correct. I/We have reviewed the information and confirm the correctness thereof.
- I/We have provided all information that is directly relevant and material to my/our application.
- I/We have the legal capacity to enter into an agreement unassisted as a major.
- I/We consent to Lumunous Debt Counselling performing credit reference checks. Further, I/we consent to Lumunous Debt Counselling providing credit reference agencies with regular updates with regard to the conduct of my/our account. This will include failure to maintain my/our obligations as agreed with Lumunous Debt Counselling. Furthermore, I/we consent to such credit reference agencies making this information available to other credit providers.
- I/We confirm that I/we are currently applying only for a **free over-indebtedness assessment** to determine if I/we qualify for formal debt counselling (often referred to as debt review). No debt review application has been initiated, nor has any debt review court order been issued against me/us.
- Should the outcome of the free assessment indicate that I/we qualify, and I/we subsequently elect to enter into formal debt counselling and Lumunous Debt Counselling accepts my/our application, I/we agree to sign the **Form 17.1 (Application for Debt Review)** for submission to my/our creditors. I/We undertake to inform my/our creditors in writing immediately upon the signing of the Form 17.1, or if any other material change occurs in my/our financial circumstances from the date of signing this application and at any time thereafter.
- I/We confirm that I/we are not currently aware of any information that could adversely affect my/our debt counselling qualification or subsequent application. Furthermore, I/We confirm that I/we have **no pending applications for new credit facilities** while undergoing this over-indebtedness assessment with Lumunous Debt Counselling.
- I/We consent to Lumunous Debt Counselling carrying out identity and fraud prevention checks and sharing information relating to this application with the South African Fraud Prevention Service.
- In the event of my/our financial situation changing, such that my/our ability to pay the total monthly payment to the Payment Distribution Agency is adversely affected, I/we will inform Lumunous Debt Counselling in writing as soon as possible.
- I/We am/are aware that this application is subject to the standard terms and conditions of Lumunous Debt Counselling and all its credit criteria applicable to the National Credit Act.
- I/We agree that all formal communication and court documentation relating to this over-indebtedness assessment and any subsequent debt counselling process conducted by Lumunous Debt Counselling will be issued to me/us via **email only**. I/We acknowledge and agree to these terms, and undertake to notify Lumunous Debt Counselling immediately in writing of any changes to my/our email address or other contact information.
- I/We hereby grant **consent** to Lumunous Debt Counselling to share and obtain my/our personal and financial information with/from **credit bureaus and creditors** for the purpose of initiating and administering the debt counselling process.

Name											Signature:										
											Date:	d	d	-	m	m	-	y	y	y	y
Name											Signature:										
											Date:	d	d	-	m	m	-	y	y	y	y